

UBI NUMBER	
OWNER NAME (Please print clearly)	

MASTER APPLICATION SUPPLEMENT FOR SELLER OF TRAVEL REGISTRATION

RCW 19.138 WAC 308-129 Registration Fee: \$145.00

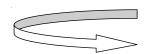
This addendum form may only be sumitted with a Master Application form.

If your business is located outside of Washington State, you must provide proof of holding a valid registration to conduct business in your home state. Attach a copy of your current business registration document, or other official registration certification provided by the registration office in your home state.

2 Criminal History (All applicants)

The questions below apply to all owners, partners, officers, LLC or LLP Members or Managers or any other principal of any business entity. If any principal in your business has had any convictions or judgements entered as described below, you must answer "yes" to the questions.

ust a	nswer "yes" to the questions.			
1.	Have you been convicted of a crime, misdemeanor, or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten (10) years?			
	☐ YES ☐ NO			
2.	Is there a criminal complaint, accusation, or information presently pending, or currently under indictment in this state or any other state, by the federal government, or any other jurisdiction?			
	☐ YES ☐ NO			
3.	3. Has any professional or occupational license, certification or permit been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government, or any other jurisdiction?			
	☐ YES ☐ NO			
4.	4. Have you ever had a civil court order, verdict, or judgment entered in any court of competent jurisdiction in this state, or any other state, the federal government, or any other jurisdiction?			
	☐YES ☐ NO			
If you marked "yes" to any of the questions, you must attach an explanation listing the charge(s); the date(s) of the conviction(s), civil judgement(s) or order(s); the county and/or state jurisdiction(s) involved; and the final disposition of the charge(s).				



Continue on to the backside of this form

3 Identification of Au	tnorized Agents (all applicants)					
Below, list all employees, independent contractors, or other outside agents who will sell travel under the authority of this business location's registration. Attach additional sheets in the same format, if necessary. *Please type or print in dark ink*						
Name	Business Address, City,	State, Zip	Business Phone #			
Name	Business Address, City,	State, Zip	Business Phone #			
Name	Business Address, City,	State, Zip	Business Phone #			
Name	Business Address, City,	State, Zip	Business Phone #			
Name	Business Address, City,	State, Zip	Business Phone #			
Name	Business Address, City,	•	Business Phone #			
Please check the bo	x to the left if you have no emp	oloyees, independent o	ontractors or agents.			
4 Financial Responsi	ibility Options (all applicants)					
Please select one of the following four options and provide the appropriate documentation.						
I will maintain a seller of travel trust account for deposit of customer's payments. Attach a report signed by a licensed/certified public accountant or bank officer, listing the trust account number; name and address of the federally insured financial institution located in Washington State holding the account; and an affirmation the account is being maintained in compliance with all requirements of RCW 19.138.140.						
I will maintain a private surety bond. Note: You may only select this option if you are currently licensed as a Seller of Travel and have a gross annual income to report below. Attach a bond, written on the blank form provided by the Department of Licensing. A seller of travel applying to be licensed under chapter 19.138 RCW may submit a surety bond as described in RCW 19.138.140 (7) (a) (i) or other instrument approved by the department as described in RCW 19.138.140 (7) (a) (iv). The amount of the surety bond or other approved instrument shall be based upon the prior year's annual gross income of business conducted with Washington State residents as outlined in the following scale:						
	nnual Gross Income of Business		ety Bond or Other			
	ucted with Washington Residents 19,999 and under	s10,000	d by the Department			
	00,000 through \$499,999	\$20,000				
\$ 50	00,000 through \$749,999	\$30,000				
	50,000 through \$999,999	\$40,000 \$50,000				
Ф1,	000,000 and above	\$50,000				
This is to certify that during the past calendar year (January 1 through December 31), the total gross annual						
income of the business conducted was \$ I am a member in good standing of a sellers of travel professional association approved by the Dept. of Licensing						
and through which I have BOTH \$1,000,000 minimum in errors and professional liability insurance AND a bond						
with a surety of at least \$250,000. You must attach an official certification from the professional association						
identifying itself, affirming your membership-in-good-standing, confirming both the liability insurance AND surety bond are in effect during your membership, and the current expiration date of your membership.						
I will not hold non-exempt funds received for retail travel services for more than 5 business days.						